Working Together for Community Wellness

A Strategy for Addictions, Mental Health and Family Violence in the NWT

DRAFT SUMMARY FOR CONSULTATION
MARCH 2001

We want to hear from you! This document is for consultation purposes. Please fill out the feedback form (inside) or contact the Department of Health and Social Services directly at: 1-866-688-0988 (toll free) by May 4th.

Northwest Territories Health and Social Services

Opening Remarks

MINISTER OF HEALTH AND SOCIAL SERVICES

Honourable Jane Groenewegen
Minister, Health & Social Services

The *Strategy for Addictions, Mental Health and Family Violence in the NWT* is a long-term vision for wellness services. This strategy builds on the 1995 document, *Working Together for Community Wellness*, prepared jointly by GNWT departments with a mandate for social programs.

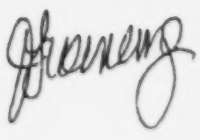
As the title suggests, this strategy focuses on three social issues that require our immediate attention - addictions, mental health and family violence. Events and experiences, including abuse, neglect, violence and chronic unemployment, can contribute to poor mental health which, in turn, can lead to destructive behaviours like addictions, suicide or violence. People may also become more vulnerable to being victimized.

Helping people help themselves is the way that we can improve the health and well-being of individuals, their families and communities. For each person, the path to wellness is different, requiring services or support that respond to their unique needs and circumstances.

The Department of Health and Social Services recognizes that we can improve the network of wellness services and supports within our communities. Preliminary consultations with our health and social services boards and key stakeholders has resulted in the development of this draft strategy.

I invite you to contribute to the development of this strategy by telling us how best to deliver wellness services and supports. This draft strategy highlights some of the areas we think need improving or changing. Now we need your help to let us know if we have identified the right things to do.

We all have different hopes and dreams, but we all share one thing in common - the desire to be healthy and happy. Please join me in taking steps to improve wellness for everyone!



Overview

We in the Northwest Territories have a deep appreciation for wellness. Despite our strengths, many of us are struggling with problems like addiction, depression, abuse, and suicide - often in some combination. This Strategy for Addictions, Mental Health and Family Violence in the NWT provides an integrated vision and a framework for improving wellness services.

In Part I, the need for an integrated strategy is discussed. The current system of wellness services faces many challenges, including:

- inconsistent and limited access
- lack of coordination
- adapting best practices to our needs
- limited and poorly-coordinated funding
- gaps in services for vulnerable populations
- balancing treatment and prevention
- recruiting and retaining trained, competent staff
- accurate information about clients, their needs and use of services

In Part II, a vision and guiding principles for wellness services are outlined. Target groups are identified as those who have the greatest needs, and whose needs have the highest social and financial costs.

Part III presents the Strategy. Specific actions are recommended to achieve goals in five key areas:

1. Prevention, Healing and Treatment
2. Education and Training
3. Integrated Service Delivery
4. Community and Family Development
5. Systems Management

Part IV identifies next steps. This summary document is being widely distributed. Through public consultation, the Department of Health and Social Services hopes to reach a consensus on priorities for wellness services. Then we can work to secure the required resources, begin to address the highest priorities and implement the rest over the coming years.

You can provide your feedback in a number of ways:

(1) by calling the Department directly (see page 15 for contact information)

(2) by returning the feedback form on the last page of this document

(3) or in upcoming focus groups

The first step to improve the current system is to agree on a plan and commit to work together to achieve it.

Table of Contents

Overview ii

Part 1 - Introduction 1

Why an integrated strategy? 1

What challenges does the current system face? 2

Part 2 - Vision, Principles and Target Groups 4

Part 3 - The Strategy 6

Prevention, Healing and Treatment 6

Education and Training 10

Integrated Services 11

Community and Family Development 12

Systems Management 12

Part 4 - Next Steps 15

Appendix 1:
Summary of Recommendations for Action 16

Appendix 2:
We Want to Hear From You (Feedback Form) 19

NOTES:

105-00643/

PART 1

Introduction

We in the Northwest Territories have a deep appreciation for **wellness**, and many strengths to draw on in the promotion of wellness for all. We have strong traditions of culture and community, highly skilled paid and volunteer caregivers, dedicated governments at all levels, and people working hard to make positive changes in themselves, their families, and their communities.

Unfortunately, despite all of our strengths we are faced with the absence of wellness everyday, in ourselves or in the people around us. Many people are struggling with problems like addiction, depression, abuse, and suicide, often in some combination.

Today Northerners are becoming more interested in talking about the root causes of these issues, which can be understood as ways of dealing with the pain of past trauma and losses. More of us are asking for services, and we are asking for services that are more effective and more helpful. Government resources and caregivers are stretched to the limit. We need to improve the current system.

The *Strategy for Addictions, Mental Health and Family Violence in the NWT*, provides the Department of Health and Social Services with a vision and framework for improving wellness services. It addresses three critical Northern problems:

1. **addictions (including drugs, alcohol, inhalants, gambling, behaviours)**
2. **mental health, including suicide**
3. **family violence, including all forms of abuse**

Why an Integrated Strategy?

Many Northerners, like people everywhere, use drugs and alcohol to numb and bury painful feelings. Many of us have been traumatized by family violence, residential school abuse, suicide, and other losses. Addictions, mental health, and family violence services operate quite separately, even though many of us have **concurrent disorders** and need help with more than one problem. By addressing all of these wellness services in one integrated strategy, we can find ways to link services so that peoples needs are better met.

Wellness:

a strong sense of community; a strong sense of family life; an emphasis on personal dignity; a strong sense of culture and tradition; and a state of well-being.

(Working Together for Community Wellness, Department of Health and Social Services, 1995)

A Key Goal:

Healthy, educated Northerners making responsible personal choices for themselves and their families.

(Towards a Better Tomorrow: 14th Legislative Assembly of the NWT, 2000)

NWT Facts:

- *25% of women drink when pregnant (1993 study)*
- *significant numbers of child protection cases are alcohol related*
- *50% more Northerners expected to need mental health services by 2008*

Concurrent Disorders:

People who have concurrent disorders have significant problems with both addictions and mental health. (e.g. alcohol and trauma)

Case Management:

Case management assists people in successfully negotiating a complex system, finding services where gaps exist, and coordinating services for vulnerable clients who are unable to do so on their own.

Harm Reduction:

Addictions services in the NWT mostly aim for total abstinence from alcohol and drugs. Many of us have not been able to achieve or maintain total abstinence, and experience a sense of failure when relapse occurs. The harm-reduction approach aims to reduce harmful behaviours as much as possible rather than to eliminate them.

The number one reason for hospitalization for men in the NWT is mental disorders.

(NWT Health Status Report, 1999)

An integrated strategy is also more in keeping with the way First Nations and Inuit cultures view wellness, and with the way non-Aboriginal cultures currently view mental health. The Medicine Wheel describes wellness as having balance between the physical, mental, emotional and spiritual sides of human nature. Non-Aboriginal cultures' use of the term "mental health" suggests an unbalanced approach to wellness. However, mental health is actually used to describe something very similar to wellness.

What Challenges Does the Current System Face?

Inconsistent and limited access.

Access to wellness services in the NWT depends on the size, resources, and priorities of each community. Communities offer many of the following services: alcohol and drug counselling, family violence safe shelters, mental health counselling, community social workers, and wellness promotion programs. Larger centres offer more specialized services such as psychology, family counselling, addictions programs, trauma treatment, psychiatric hospital beds and a psychiatric group home. Often, children with addictions problems and children and adults with severe mental health problems have to go out-of-territory for treatment.

Lack of coordination.

Wellness services have been developed without an overall framework. Addictions, mental health and family violence services are mostly delivered separately. Many Northerners need more than one service in more than one community on their journey toward wellness. These journeys can become frustrating and counter-productive. Few of us have access to a **case manager,** someone who is trained to coordinate this complex process. More integrated services could also help us recover from addictions and heal underlying trauma.

Need to adopt best practices.

"Best practice" research tells us which approaches work best. Best practice research tells us that wellness services are most effective when they include case management, integrate addictions and mental health services, and adopt a **harm-reduction** approach. However, wellness services in the NWT have yet to fully develop these approaches.

Limited and poorly-coordinated funding.

Addictions, family violence and mental health services have to compete for funds with other pressing health and social services and government priorities. We must ensure that we spend our limited funds wisely, so that the people with the greatest needs and the greatest likely benefit have access to the most effective services possible. Funding for wellness services is also

complex and can be poorly coordinated. Most wellness services are provided by health and social services boards, with core funding from the Department. Some wellness programs also get funding from band councils, the federal government, or directly from the Department.

Gaps for vulnerable groups.

Vulnerable groups like troubled children, women in abusive relationships, and people with mental illness sometimes fall through the gaps in wellness services, because their voices are not heard and their problems can be disturbing or frightening.

Crisis intervention and treatment outweighs prevention.

The most specialized treatment services are the most expensive, leaving little funding left for prevention and promotion programs. However, spending on prevention and promotion will eventually result in savings, both in dollars and in quality of life for Northerners.

Recruitment and retention.

Attracting, training and keeping qualified wellness caregivers is a major challenge in the NWT.

Accurate information.

We need to gather accurate wellness information so that we can plan ahead and monitor changes over time. We need to make sure that we do more of what is working and change what is not working.

NWT Compared to the National Average:

- *4 times as many people drink heavily*
- *2-3 times as many people commit suicide*
- *8 times as many women are admitted to shelters*

"Several generations of our families have assimilated the physical, spiritual, emotional and psychological abuse of the residential schools into their relationships with each other and their world view."

(Community focus group, February 2001)

"Some people drink to get rid of their problems, but the problems get worse if they drink."

(youth quote from, For the Sake of Our Children: The Dogrib Addictions Strategy, 1999)

Mental Health:

is the capacity for everyone to feel, think, and act in ways that enhance our ability to enjoy life and deal with challenges. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, inter-connections and personal dignity.

(Mental Health Promotion Unit, Health Canada)

PART 2

Vision, Principles and Target Groups

Vision

Wellness services will enhance Northerners' abilities to cope with the challenges of life, including mental illness, trauma, addictions, family violence, suicide, and general life stress. Effective, culturally-relevant wellness services will be accessible to all residents, will provide for the needs of the most vulnerable groups, and will support a nurturing and responsible society in the NWT.

Guiding Principles

The Department is committed to the principles set out in *Shaping our Future: A Strategic Plan for Health and Wellness (1998)*:

1. **Universality:** All residents of the NWT have access to the services they need, and are treated fairly and with respect in the health and social services system.
2. **Personal Responsibility:** Individuals and families have personal responsibilities to address their health and social needs.
3. **Basic Needs:** Publicly funded programs and services will address basic health and social needs when these needs cannot be met by an individual or family.
4. **Sustainability:** The health and social services system will operate in a way that does not threaten its ability to meet basic health and social needs over the long-term.
5. **Continuum of Care:** Programs and services will fit together as seamlessly as possible and will be integrated with other GNWT services wherever possible.
6. **Prevention-oriented System:** All activities of the health and social services system will support the maintenance of physical, social and mental health, in addition to the treatment of illness and injury.
7. **People-oriented System:** All activities of the health and social services system will support an approach that puts the needs of people first.

In addition, the Department believes in the importance of:

- **Community Strengths:** Services will be provided as close to home as possible, and will build upon family and community strengths.
- **Culture:** Culturally-relevant services will be provided integrating traditional health and healing practices into health and social services in the NWT.
- **Consumer Input:** The people who are using services will have input into the system.
- **Evidence:** Where possible, decisions are based on the best research we have about program effectiveness and the needs of our population.

Target Groups

The Strategy for Addictions, Mental Health and Family Violence in the NWT is targeted at the groups who have greatest needs, and whose needs have the highest social and financial costs. These target groups include:

- children and youth
- families at risk

and people who are affected by:

- mental illness
- addictions
- concurrent disorders
- trauma
- family violence
- Fetal Alcohol Syndrome (FAS)

There is one other area of special focus, that can often be overlooked despite its potential benefits:

- prevention and promotion

PART 3

The Strategy

The *Strategy for Addictions, Mental Health and Family Violence in the NWT* is a long-term vision for wellness services. The strategy builds on the framework from *Working Together for Community Wellness* (GNWT Departments of Education, Culture and Employment; Health and Social Services; Justice; Municipal and Community Affairs; and the NWT Housing Corporation, 1995). It has the same four themes, and adds a fifth:

1. Prevention, Healing and Treatment
2. Education and Training
3. Integrated Service Delivery
4. Community and Family Development
5. Systems Management

The strategy identifies ten goals in these five themes and recommends specific actions to achieve these goals. Recommendations for action are divided into areas for new investment (for new approaches or initiatives) and areas for improvement (of existing services).

Prevention, Healing & Treatment: A Circle of Care

Effective prevention, healing and treatment services for addictions, mental health and family violence should provide a circle of care. Services range around the circle from general services like prevention and promotion, to specialized services like residential treatment or hospitalization. People who need services are at the centre of the circle: able to access services when they most need them.

Good referral procedures, case management and aftercare help to smooth the transitions between the different services. This is especially important in the North where people have to access specialized wellness services in different communities.

A. Prevention and Promotion

Prevention and promotion services help people to make healthy, responsible choices for themselves and their families. We all know the damage caused by drug and alcohol abuse, family violence, suicide, child abuse, and Fetal Alcohol Syndrome. Healthy choices improve quality of life. Healthy choices also free up resources that would otherwise be spent on costly specialized services. First and foremost we want to prevent our children from being damaged by these problems. The earlier we can reach out to children at risk, the greater the potential benefits of prevention and promotion services.

Goal #1: Individuals, families and communities have the skills and resources to actively maintain a healthy lifestyle

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Northern early intervention program for high-risk children
- Youth Wellness Initiative (suicide prevention, active living, healthy relationships, peer counselling, and school-based addictions prevention programs such as "Kick the Nic")

Areas for Improvement:

- Regional wellness plans include strategies for promotion and prevention
- Awareness campaigns (family violence, mental illness stigma, Fetal Alcohol Syndrome, addictions)

B. Self-Help

Self-help groups can be very healing for people struggling with addictions, mental health and family violence and for their families. Making connections with others who are going through the same things can sometimes be as helpful as professional treatment.

Self-run employment initiatives can also have excellent results. Employment initiatives run by people with mental illness in Ontario and British Columbia have led to fewer hospitalizations, less reliance upon medication, and increased self-esteem.

Goal #2: Individuals and families participate in self-help groups for emotional/social support

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Self-run employment ventures for people with severe mental illness or addictions

Areas for Improvement:

- Funding or in-kind support to self-help groups

"We need to de-mystify what a mental health problem is. There is fear, even as professionals, to deal with mental health."

(Community focus group, February 2001)

Self-help Groups:

People with similar concerns, assisting and supporting one another toward wellness. For example:

- *Residential School Healing Circles*
- *Addictions Support groups (Alcoholics Anonymous, Narcotics Anonymous, etc.)*

Self-run Employment Initiative:

A group of people with severe mental illness or addictions who start up, run and work for a small business, such as a lunch counter or firewood supplier.

Continuum of Community-Based Services:

A range of services which people can access while living in their own community. Services may include, but are not limited to:

- *prevention and promotion*
- *assessment and referral*
- *counselling (individual, family and group)*
- *case management*
- *aftercare*

"We need counselling and on-the-land programs that deal with unresolved issues (sexual abuse, addictions, loss and grief, family violence)."

(Community focus group, February 2001)

Core Services:

Essential wellness services that are available to all people in the NWT.

C. Community-Based Services

Most Northerners want to access addictions, mental health and family violence services without having to leave their homes and their community supports. Residential treatment can give us a chance to work on our problems away from the stresses of regular life, but eventually we have to learn to cope at home. Many community-based wellness services are already provided by community caregivers such as: social workers, addictions workers, shelter workers, nurses, suicide prevention workers and mental health specialists. They do their best to provide a range of services, including prevention and wellness promotion, initial assessment, counselling, referral to more specialized services if needed, and aftercare when people return home from residential treatment.

There is still a great deal of room for improvement. Access to community-based services varies from community to community. Community caregivers do not always have the tools and resources they need to provide the most effective services. Too many people return from residential treatment and fall back into the same unhealthy behaviours. Children, seniors, and people with complex needs are unable to get the supports they need to live in their home communities. Even though so many of us have been affected by both trauma and addictions, wellness services are often poorly coordinated.

Goal #3: Northerners have access to a continuum of community-based, core wellness services

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Child and Family Wellness Centres (assessment, play therapy, family therapy, enrichment programs)
- Mobile addictions treatment programs for adults and for youth (that also address trauma) (assessment, harm-reduction, case management and aftercare)
- Psychogeriatric assessment and treatment, and pharmacological review for seniors with mental health problems

Areas for Improvement:

- Addictions assessment and screening tools, residential addiction treatment referral protocol
- Community-based services for people with complex needs (case management and outreach, psycho-social rehabilitation, supported housing)

D. Facility-Based Services

People with more severe addictions and mental health problems may require crisis intervention and specialized care outside of their home, in a residential facility. Facility-based services may be found in the hospital psychiatric unit, residential addictions facility or psychiatric group home, for example. Core services include assessment, diagnosis, primary care, psychosocial treatment, medication, discharge planning and housing. We need to develop more integrated facility-based programs that address addiction and underlying emotional issues.

Because of our small population, we only have a few facilities in the NWT that offer specialized services. As long as adequate supports, funding and services are in place, we can do more. Children and adults with complex needs could return to the North, or even to their home communities.

Goal #4: Increase the number of beds and range of facility-based services

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Assessment and treatment programs for children and youth struggling with mental health, addictions and trauma issues
- Integrated harm-reduction treatment program for addictions and trauma-related issues

Areas for Improvement:

- Adult psychiatric group homes in communities with highest percentage of psychiatric illness and "redeveaux"
- Medical detoxification program

E. Crisis Services

Family violence, suicide, addiction and mental illness can reach crisis proportions when we least expect it. Crisis is always stressful and often dangerous. Crisis services assist in stabilizing dangerous or distressing symptoms and referring to appropriate treatment. Since crisis can happen anywhere, communities need to be equipped to respond to crisis quickly. We also need to fill in gaps in crisis services for high-risk groups like children in crisis, suicidal youth and adults with severe mental illness and addiction problems.

Goal #5: Improve crisis response to high-risk population groups

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Emergency psychiatric housing in the NWT

"We need a good place for referral. In an emergency, if you have someone superstressed, suicidal, we have no way of meeting those needs here."

(Community focus group, February 2001)

- Emergency safe holding place for intoxicated persons
- Community-based crisis stabilization services (outreach, risk assessment, safe holding places, crisis response protocols)
- Safe homes for children

Areas for Improvement:

- NWT Youth Helpline and 24-hour toll-free crisis line
- Training for family violence workers, foster families and social workers (children exposed to violence, risk assessment for women in abusive relationships)
- Critical Incident Stress Debriefing (CISD) training in communities
- NWT Mental Health Act and emergency medical travel policies

Education and Training

"Give People the Training and Tools to do the Job"

(priority area #2 from the Final Report of The Minister's Forum on Health and Social Services, 2000)

Laddering:

Training sessions that build, in sequence, upon core competencies to increase skill level

Recruiting and retaining qualified addictions, mental health and family violence workers is challenging in the North. Community-based wellness workers report feeling isolated, overwhelmed by peoples' complex problems, and burned out by being "on" clinically almost 24 hours a day, 7 days a week. Challenges are more complex in small communities where caregivers may be related to their clients. We need to develop a long-term plan that addresses these concerns.

Goal #6: Caregivers are trained and supported to provide services at the community level

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Long-term recruitment, training and retention plan for addictions, mental health and family violence workers, including:
  - defining core competencies, skills and qualifications
  - developing clinical supervision and support
  - developing programs to [illegible] laddering
  - addressing wage disparities
  - amending policies regarding [illegible] Registered Psychiatric Nurses (RPNs) can be licensed to practice in the NWT
  - ensuring Nonetheless for [illegible] professions

- Telehealth and the Departments website for consultation/resources to link remote caregivers to urban-based specialists

Areas for Improvement:

- Joint-training for community caregivers on key issues for wellness system
- concurrent disorders, harm-reduction, case management, territorial legislation
- cross-training in addictions, mental health and family violence
- External experts use "train-the-trainer model" to develop and mentor community caregivers

Integrated Services

Throughout many NWT consultations, people have expressed concern about gaps and duplications in wellness services, and frustration with how services fit together. Addictions, mental health and family violence services are quite separate, and basic and specialized services are often in different communities. Integrated services, effective case management, and stronger links between existing wellness services should address these challenges.

Goal #7. Prevention and treatment services are coordinated to address gaps/needs of high-risk population

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Co-location of addictions, mental health, and other appropriate services
- Protocols for information sharing between wellness service providers
- Financial incentives for collaboration and decreased duplication between wellness service providers
- Case management and outreach services for people with complex needs

Areas for Improvement:

- Common network and joint-training for wellness caregivers
- Coordination (referral, case management, aftercare) between community-based services, facility-based services, services in the South, and services provided by the Departments of Justice and Education, Culture and Employment

"All these resources are working in columns; they are not working together as they should be."

(Community focus group, February 2001)

"Dependency on the government system is a problem. We have to empower people to help themselves more with their own ways."

(Community focus group, February 2001)

The establishment of a territorial Elders' Council, whose members will be people acknowledged within their communities as holders of traditional knowledge.

(Recommendation of the Traditional Knowledge Working Group, 1991)

Community and Family Development

In the North we are fortunate to have rich traditions of healing, community and family to draw from in our pursuit of wellness. Traditional health and healing practices need to be carried forward into our system of wellness services. Communities and families need to be supported in their efforts to achieve wellness, and recognized for their inherent ability to care for vulnerable community and family members.

Goal #8: Families and communities have the knowledge, skills, and resources to support vulnerable members in a culturally-relevant manner

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Integration of traditional health and healing practices (Elder's Wisdom Committee, regional forums)
- Agenda for northern wellness research
- **Respite programs** for families caring for people with complex needs

Areas for Improvement:

- Protocol to ensure that external trainers build on community and family strengths
- NWT Suicide Prevention Training program

Respite Program:

A planned program or short term relief for a person with special needs and/or their caregiver. Respite can be relief services offered in the home or placement in a facility.

Systems Management

The goals and actions for action proposed in the first four sections of the strategy depend in large part upon key improvements in Systems Management. Systems Management is the overall management of the wellness system, including funding and accountability. Without proper funding and accountability, the best approaches to wellness services will not work over the long term.

A. Accountability

Accountability is the ability to demonstrate that we have carried out our responsibilities. Each of us is accountable for making responsible, healthy choices in our personal lives. The Minister of Health and Social Services is accountable to the public, the Legislative Assembly and to the federal government for the delivery of

effective wellness services. We need clear standards for core wellness services and tools to demonstrate that these standards have been met.

Goal #9: Mental health/addictions/family violence programs and services meet the standards and goals that are agreeable to all stakeholders

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Consumer/Family Advisory Committee to advise the Deputy Minister of Health and Social Services
- Minister of Health and Social Services reports annually to Legislative Assembly on status of wellness strategy

Areas for Improvement:

- Clearly designated Department and Board responsibilities for wellness services
- Clearly defined core services, standards, benchmarks, and outcome measures for NWT wellness services (revising NWT Addictions Handbook, NWT Safe Shelter Minimum Standards)
- Core wellness services that meet territorial and national standards and meet Canadian Council for Health Services Accreditation standards where appropriate
- Community-based programs, Boards and the Department are equipped to gather accurate wellness data
- Frequent analysis of wellness data to establish baselines, set core funding, and advise on service and training priorities

B. Funding

Addictions, family violence and mental health services have to compete for funds with other pressing health and social services and government priorities. This has contributed to inconsistent services, low salaries for community-based wellness workers and few resources for training. To make a case for wellness funding, we require accurate information about current needs and a solid financial plan for meeting those needs. For example, if we know that rates of Fetal Alcohol Syndrome are highest in one region, we can make a strong case for funding to develop a support program for high-risk women in that area.

We also have to find ways to be more creative and flexible with wellness funding, so that wellness services are meeting the needs of the person rather than the needs of the system. For example, individualized funding could be spent training home support workers to provide a range of wellness services to individuals with complex needs or concurrent disorders.

"People say there are no money or jobs in [our community], but if you look at cash inflow to the community, each year millions of dollars come in. We need to plan the use of those resources to eliminate duplications, refocus some spending, strategic planning and budgeting."

(Community focus group, February 2001)

Individualized Service Fund:

Funds are allocated for clients with multiple and complex needs that are not met through traditional programs. The money follows the client between services or may be used to create specialized services.

Goal #10: Mental Health/Addictions/Family Violence resources are allocated in a planned, needs-based manner

RECOMMENDATIONS FOR ACTION

Areas for New Investment:

- Sufficient funding should be secured to provide core wellness services that meet standards (including budgets for training and appropriate salaries)
- Flexible **individualized service fund** for people with complex needs

Areas for Improvement:

- Needs assessment (complete Mental Health Needs Assessment and Addictions Needs Assessment)
- Flexible funding criteria to encourage partnerships and coordination between funders (Federal, GNWT, other agencies)
- Shift resources from southern treatment to northern wellness services for people with complex needs
- Enhanced funding for prevention and promotion so that treatment costs decrease over time

PART 4

Next Steps

People have told the government what they need, and have said that they feel wellness is a valuable and achievable goal. The *Strategy for Addictions, Mental Health and Family Violence in the NWT* takes these recommendations and places them in a framework for government action. Through public consultation, the Department hopes to reach a consensus on priorities for wellness services. Then we can work to secure the required resources, take action on the highest priorities and implement the rest over the coming years. We can improve the current system by agreeing on a plan and working together to achieve it.

Timeline

- **April 2001:** Distribute summary of the draft strategy
- **May 2001:** Focus group consultations completed; all other feedback received
- **June 2001:** Action plan included in 2002-03 Department Business Plan

We Want to Hear from You

This summary of the draft strategy is being widely distributed for public consultation. We are asking you:

What have we got right?
What should we change?
What do you think is the highest priority?

Here are three ways you can give us your feedback:

1. The Department will be hosting a series of focus groups to discuss the strategy.
2. You can call us by phone to share your opinion about the strategy.
3. You can fill in the feedback form (see Appendix 2) and send it by mail or fax.

For a copy of the complete draft strategy, please call the Community Wellness Unit (Department of Health and Social Services) at 867-920-8758.

For more information about specific wellness services, please contact your health and social services board.

How to contact us:

Toll free: 1-866-688-0988
Telephone: 1-867-920-8758
Fax: 1-867-873-7706

Provide comments by: May 4, 2001

APPENDIX 1

Summary of Recommendations for Action

Prevention, Healing & Treatment

PREVENTION & PROMOTION

Areas for New Investment:

- Northern early intervention program for high-risk children
- Youth Wellness Initiative (suicide prevention, active living, healthy relationships, peer counselling, and school-based addictions prevention programs such as "Kick the Nic")

Areas for Improvement:

- Regional wellness plans include strategies for promotion and prevention
- Awareness campaigns (family violence, mental illness stigma, Fetal Alcohol Syndrome, addictions)

SELF-HELP

Areas for New Investment:

- Self-run employment ventures for people with severe mental illness or addictions

Areas for Improvement:

- Funding or in-kind support to self-help groups

COMMUNITY-BASED SERVICES

Areas for New Investment:

- Child and Family Wellness Centres (assessment, play therapy, family therapy, enrichment programs)
- Mobile addictions treatment programs for adults and for youth that also address trauma (assessment, harm-reduction, case management and aftercare).
- Psycho-geriatric assessment and treatment, and pharmacological review for seniors with mental health problems.

Areas for Improvement:

- Addictions assessment and screening tools, residential addiction treatment referral protocol
- Community-based services for people with complex needs (case management and outreach, psycho-social rehabilitation, supported housing)

FACILITY-BASED SERVICES

Areas for New Investment:

- Assessment and treatment programs for children and youth struggling with mental health, addictions and trauma issues
- Integrated harm-reduction treatment program for addictions and trauma-related issues

Areas for Improvement:

- Adult psychiatric group homes in communities with highest percentage of psychiatric illness and "medevacs"
- Medical detoxification program

CRISIS SERVICES

Areas for New Investment:

- Emergency psychiatric housing in the NWT
- Emergency safe holding place for intoxicated persons
- Community-based crisis stabilization services (outreach, risk assessment, safe holding places, crisis-response protocols)

Areas for Improvement:

- NWT Youth Helpline and 24-hour toll-free crisis line
- Training for family violence workers and social workers (children exposed to violence, risk assessment for women in abusive relationships)
- Critical Incident Stress Debriefing (CISD) training in communities
- NWT Mental Health Act and emergency medical travel policies

Education and Training

Areas for New Investment:

- Long-term recruitment, training, and retention plan for addictions, mental health and family violence workers, including:
  - defining core competencies, skills and qualifications
  - developing clinical supervision and support
  - developing progressive laddering-style training
  - addressing wage disparities
  - ammending policies/legislation so that Registered Psychiatric Nurses (RPNs) can be licensed to practice in the NWT
  - attracting Northerners to caregiving professions
- Telehealth and the Department's website for consultation/resources to link remote caregivers to urban-based specialists

Areas for Improvement:

- Joint-training for community caregivers on key issues for wellness system:
  - concurrent disorders, harm-reduction, case management, territorial legislation
  - cross-training in addictions, mental health and family violence
- External experts use "train-the-trainer model" to develop and mentor community caregivers

Integrated Services

Areas for New Investment:

- Co-location of addictions, mental health, and other appropriate services
- Protocols for information sharing between wellness service providers
- Financial incentives for collaboration and decreased duplication between wellness service providers
- Case management and outreach services for people with complex needs

Areas for Improvement:

- Common network and joint-training for wellness caregivers
- Coordination (referral, case management, aftercare) between community-based services, facility-based services, services in the South, and services provided by Justice and Education, Culture and Employment

Community and Family Development

Areas for New Investment:

- Integration of traditional health and healing practices (Elder's Wisdom Committee, regional forums)
- Agenda for northern wellness research
- Respite programs for families caring for people with complex needs

Areas for Improvement:

- Protocol to ensure that external trainers build on community and family strengths
- NWT Suicide Prevention Training program

Systems Management

ACCOUNTABILITY

Areas for New Investment:

- Consumer/Family Advisory Committee to advise the Deputy Minister of Health and Social Services
- Minister of Health and Social Services reports annually to Legislative Assembly on status of wellness strategy

Areas for Improvement:

- Clearly designated Department and Board responsibilities for wellness services
- Clearly defined core services, standards, benchmarks, and outcome measures for NWT wellness services (revising NWT Addictions Handbook, NWT Safe Shelter Minimum Standards)
- Core wellness services that meet territorial and national standards, and meet Canadian Council for Health Services Accreditation standards where appropriate
- Community-based programs, Boards and the Department are equipped to gather accurate wellness data
- Frequent analysis of wellness data to establish baselines, set core funding, and advise on service and training priorities

FUNDING

Areas for New Investment:

- Sufficient funding should be secured to provide core wellness services that meet standards (including budgets for training and appropriate salaries)
- Flexible individualized service fund for people with complex needs

Areas for Improvement:

- Needs assessment (complete Mental Health Needs Assessment, conduct Addictions Needs Assessment)
- Flexible funding criteria to encourage partnerships between funders (Federal, GNWT, other agencies)
- Shift resources from southern treatment to northern wellness services for people with complex needs
- Enhanced funding for prevention and promotion so that treatment costs decrease over time

APPENDIX 2

We Want to Hear from You
FEEDBACK FORM

1. What did we get right?

2. What did we miss?

3. What should we change?

4. What are the highest priorities for wellness services?

5. Please share any other feedback.

Your name (optional): _____

Your Address & Phone Number (optional): _____

Please FAX to: 867-873-7706
or MAIL to: Community Wellness, Department of Health & Social Services, GNWT
Box 1320, Yellowknife, NT X1A 2L9
by deadline MAY 4, 2001

THANK YOU FOR YOUR FEEDBACK!